

**HEALTH COMMITTEE
of the
Suffolk County Legislature**

Minutes

A regular meeting of the Health Committee was held at the William H. Rogers Building, Veterans Memorial Highway, Smithtown, New York in the Rose Y. Caracappa Auditorium on Thursday, **May 3, 2001** at 10:00 a.m.

MEMBERS PRESENT:

Legislator Ginny Fields, Chairperson
Legislator Brian Foley, Vice Chair
Legislator Maxine Postal
Legislator Martin Haley

ALSO IN ATTENDANCE:

Paul Sabatino, II, Counsel to the Legislature
Mary Skiber, Legislative Aide to Legislator Fields
Chris Reimann, Legislative Aide to Presiding Officer Tonna
Bonnie Godsmen, IR/County Executive's Office
Dr. Clare Bradley, Commissioner, Suffolk County Department of Health
Bob Maimoni, Suffolk County Department of Health
Mary Howe, Budget Review Office
Ernst Dinda, Suffolk County Department of Health
Reverend Gregory Leonard, Bethel AME Church\E.O.H.C.
Elsie Owens, Elsie Owens Health Advisory Board
Cynthia R. Shephard, Elsie Owens North Brookhaven Health Center
Rich Couch, American Cancer Society
Martha Lee, Elsie Owens Health Center
Barry Luna, Elsie Owens Health Center
Marian Mendes, Elsie Owens Health Center
Joyce Cunningham, Elsie Owens Health Center
Betty Francis, Elsie Owens Health Center
Ann Argeropoulos, Elsie Owens Health Center
Marilyn Shellabarger, Health Centers
Barbara Keller, Dir., Suffolk Coalition PADD
Dr. Gwendolyn Stetch, Elsie Owens Health Center
Angela Earl, Coram Health Center
Kathleen Ayers-Lanzillotta, The Quality Consortium

NOT PRESENT:

Legislator Martin Haley

Minutes Taken By:

Kimberly Castiglione, Legislative Secretary

(The meeting was called to order at 10:15 a.m.)

CHAIRPERSON FIELDS:

Good morning. Would you please stand for the Pledge led by Legislator Postal.

(Salutation)

Good morning. We have some speakers. Reverend Gregory Leonard.

MS. OWENS:

Can we all come up at the same time?

CHAIRPERSON FIELDS:

You want everybody to come up?

MS. OWENS:

We would like that.

CHAIRPERSON FIELDS:

I don't know if it will hold everybody, but you can start. Reverend Gregory Leonard, Elsie Owens, Cynthia Shephard, Barry Luna, Ann Argeropoulos, Marilyn Shellabarger, Gwendolyn Stetch, Angela Earl.

MS. OWENS:

Good morning. My name is Elsie Owens, and I am the Chairperson of the Elsie Owens Health Center. We are here today asking that whatever you need to do that the health center not be closed.

CHAIRPERSON FIELDS:

Where did you get the idea that it was going to be closed?

MS. OWENS:

There is a rumor that it might not be closed, but it might be closed somewhere because of the transition that is going on. You are moving us from one place to the other one, and whether or not we are going to say, and I think it is very important to know that we have clients out there. I have over 500 names that were signed almost in one day of people saying do not close the health center for any reason.

Now, we are not condoning – we are not saying that the landlord is a good landlord. We understand that we have had problems, but we don't want the lease to be broken and the landlord say you have to get out and we find locks on the door.

We have written letters to the County Executive and we also have one that I would like to be read by Mr. Luna. He is a member of our board from the council. Mr. Luna, would you read that letter, please, for us?

CHAIRPERSON FIELDS:

The letter that Mr. Luna is going to read, do we have a copy of that that the committee can have?

MS. OWENS:

We can get you one.

CHAIRPERSON FIELDS:

Go ahead.

MR. LUNA:

Good morning. This letter is from Central and North Brookhaven Health Council to the Honorable Robert J. Gaffney, Suffolk County Executive.

“Dear Mr. Gaffney. On behalf of the members of the Health Council and the community we represent, this letter to you is out of concern that the Health Center not be closed and that care at the health center not be discontinued or interrupted. The Elsie Owens Health Center provides a safety net for the community residents in need of health care who cannot afford private care, are uninsurable and/or uninsured.

The need for the health center is ever increasing as demonstrated by an additional increase of 10,000 visits, 57,000 total patient visits, since the meetings held by the Blue Ribbon Health Committee. The patients receiving health care are the ones at greatest risk and need care the most. For many people, cost and availability for basic health care is beyond reach. Many people will be forced to take multiple buses to get to the nearest emergency room for basic health care.

The Elsie Owens Health Center is affordable to all people, regardless of their ability to pay. Without the health center, the uninsured, Medicaid and the working poor will face tremendous obstacles in obtaining medical care. Costs and accessibility to health care will be a double standard of care for this community.

We ask that you not allow a barrier to medical and other specialized services for those in need. This is my community and my health center. Please keep the health center open with no interruption in the service to the people who are in most need of its services.

(Legislator Haley entered the meeting at 10:20 a.m.)

I respectfully ask that you consider what impact your decision will have on the community who depends upon the medical staff at the Elsie Owens Health Center. At your earliest convenience and certainly before any final decision is reached, the health council respectfully requests a meeting regarding the plans and future of the health center. Sincerely, Elsie Owens, Chairperson.”

CHAIRPERSON FIELDS:

Thank you. Does anyone else want to speak before we do?

REV. LEONARD:

Good morning. My name is Reverend Gregory Leonard, Pastor of Bethel AME Church and also a member of the board at the health center and also the Brookhaven Ministers Alliance. I would like to speak also along the same lines that there be no interruption in service.

The health center fulfills a very important need in the community in the way that it cares for those who come to the health center. It provides a hope and care for those who may not be able to reach other places or be welcome in other places. I think that the health center embodies the positive spirit of Suffolk County in the Town of Brookhaven in terms of providing something for those who may not have as much as other people.

I would just like to once again say that I hope that business can continue, that the health center can remain operating without any interruptions. I know that there are some problems and some challenges, but I think when you weigh things out that the continuance of service to the members of the community who use the health center would be very important. It would be something that I hope that we will be able to keep going. Thank you very much.

CHAIRPERSON FIELDS:

Thank you.

MS. ARGEROPOULOS:

Good morning. My name is Ann Argeropoulos. I am a patient at the Elsie Owens health center, probably for about six years now. Had it not been for the Elsie Owens Health Center and their staff, their doctors, I may not be here today actually.

I live in Coram and our community really needs this health center to stay open. It is affordable for us working people that cannot afford health insurance. In my family it is only a small family of three, but other people have much bigger families and if it wasn't for the sliding scale fees, we wouldn't have health service at all. I feel it is very important that the health center stay open to service us. First of all, people that don't have transportation, there will be no way to go. I truly feel that it would be an injustice to the community if it was closed. Thank you.

CHAIRPERSON FIELDS:

Thank you.

MS. SHEPHARD:

I understand that I am limited to three minutes, so I would like to speak to you –

CHAIRPERSON FIELDS:

You can speak longer than three minutes. You are not limited.

MS. SHEPHARD:

I scaled it down to three minutes so I will give you my three minute speech. I am an employee of the Elsie Owens Health Center and I would like to speak to you as an employee, as a patient, and also as a social worker. I am happy to be using my annual leave time to be here this morning.

As an employee. I have been employed at the health center for ten years, and there are about 150 other employees who work for Social Services, Family Planning, Public Health Nursing, as well as the health center. We are dedicated and loyal employees and some of us have come to work in that building for over 20 years. We are there to earn a living, true, but we have chosen to do that through service to our community. We are your constituents and we want to continue to work in the Elsie Owens building. We do not want nor do our patients and clients want their medical care interrupted for any reason.

Now, I am confused. We have been promised and have been looking forward to renovations for years, at least six years if not longer. We have been anxiously anticipating an improvement in our environment so that our patients can have privacy and be served in a pleasant environment and so that we can work in a better environment. I am disappointed, and while I can't speak for my colleagues, I think that they are disappointed also to see this long awaited project threatened.

Now, as a patient. I and many of my coworkers are patients of the health center. We have health insurance and we could go anywhere for health care, but we opt to get our care at Coram. Many of us bring our family members to the Elsie Owens Health Center. All three of my children get their health care there. We know that we could not find better providers than the ones that are at the health center. There are no better providers to be found anywhere than these people. They represent the caliber of professionals that you would want to provide your health care and that you would feel comfortable sending your family members to.

Mr. Tonna favorably mentions the system of health centers on the legislative website as one of the positive accomplishments of the Suffolk County Legislature, and one of the ways in which the County has quote, "made its mark from the beginning" unquote. These health centers should be the pride of this County because they insure that everyone in Suffolk has access to basic health care. So very many people are served by these centers, including Coram, and you know who these people are.

Several years ago when the County Executive established his Blue Ribbon Panel, hundreds of them came out to speak and to give their heartfelt and eloquent testimony of what the health centers have done for them and what the health centers mean to them. These patients have not changed. We still see them every day.

Now, as a social worker. We are helping real people from our community who have multiple medical and social problems. Women with suspected breast cancer are identified in our clinic and sent for care which is lifesaving. A patient with a brain tumor which was subsequently confirmed at Stony

Brook was identified initially in our clinic. Hypertension, diabetes, asthma, STD's, HIV, and many other illnesses, both minor and serious, are treated in our clinic. The services we provide are lifesaving and essential. We insure that women have healthy babies and that children stay healthy.

Our patients come from Coram, Selden, Centereach, Medford, Middle Island, Ridge, Stony Brook, Setauket, Sound Beach and Mt. Sinai and the surrounding communities. Any interruption in care will not serve these communities well. A considerable number of our patients come by public transportation and the bus stop is right in front of the building.

Legislators, I personally believe in going with what you know. We know that with renovations there will be some discomfort when the construction starts, some noise, and some dislocation of services. But we also know that it will be time limited. We know that we will be able to continue to do what we want to do and what our patients want and need us to do, and that is to provide medical care. We know that when everything is complete, and it will be in time, our health center will physically and cosmetically match the quality of service that is already provided there. From what I know, everything is already in place – the lease, the funds, the plans, and the support of the staff, the community and the patients. Don't do an about face now. Let reconstruction proceed. Thank you very much.

DR. STETCH:

Good morning. I am Dr. Gwendolyn Stetch. I am the Medical Director at the Elsie Owens Health Center at Coram. As Cynthia, I chose to use an annual leave day to come to you, to appeal to you, to not interrupt services provided at the health center.

My initial contact with the health center was about 20 years ago when I came to the health center as a resident in training from Stony Brook. At that time I had had no experience with ambulatory care community health centers. When I came to Coram and saw all that they had to offer, I knew that that was what I wanted to do with my life. And so I went – after leaving residency I worked to pay off a commitment to the National Health Service Corp, but I came back to Coram. I came back because I knew that good things were happening there.

Coram not only impacts on people's medical care, but also their social. We take care of their educational needs by encouraging them to stay in school or showing them programs in the communities that they may be entitled to. So we do more than just provide medical care.

I am concerned that we currently see over 30,000 primary care visits a year. At least half of those patients are self pay. These are the working poor. Of that group of people, about 80% of them are at the low end of our sliding fee scale. It concerns me about where will they go, what will they do for care.

On any given day when we open our doors, we are met by people who wait for us to open because they don't want to incur another hospital bill. Some

people have gone to the hospital and can only afford to pay ten or \$15 a month to pay off that bill, so they wait for us. It concerns me that if we were not there, what would happen to those people. Thank you.

CHAIRPERSON FIELDS:

Thank you.

MS. EARL:

My name is Angela Earl. I am a board member and a client at the health center. Everything seems to have been said, but I am confused too because at first before the lease breaking issue, the landlord was having a problem getting his permit. That was supposed to be the delay, and the permit was coming from the town – County – that he was waiting on. Now that he has everything, then we have this issue with the breaking of the lease.

Now, since everything is already in place and he has already signed a paper from what I understand to start doing the work, why should we, you know, disrupt it? It seems like everything was already in place. That is all I have to say. Thank you.

MS. SHELLABARGER:

My name is Marilyn Shellabarger and I am the Chairperson of the Liaison Committee which is all of the advisory boards which this is a sample of one of them. We meet – we all hang together.

Anyhow, I certainly want to back up everything that has been said here, and it also gives you an idea of why Elsie and I are still here after 30 years, because it has been such a pleasure to work with all these people through the years who have been both dependent on our service but work with us.

I can't – like everybody else, I am a little confused about what is going on and the thing is, I want to say right now is that Coram certainly must not be allowed to close, shut the doors, for whatever reason. They spoke of interruptions. We can tolerate interruptions of service as renovations are going on, but it would be a true abandonment of the community. There is no way you could do anything else but close the center if you broke the lease.

Anyhow, I wanted to back up these people and I did also want to speak about the issue that I spoke of last time which was the continued funding amongst other things. Coram, like all the rest of the health centers, has been asked to reduce their budget three percent for this year with a zero percent increase for next year. That would only make the hardships even greater. I wanted to urge whatever can be done to try to make the health centers held harmless for the budget cuts. I don't know what the role of the Legislature would be. Thank you very much.

CHAIRPERSON FIELDS:

Thank you all. You don't have to go yet. There may be some questions or comments. First of all, I think I will respond to your comment, the last comment you made about the three percent cut. I will speak for not only

myself, but my knowledge of Legislators Postal and Foley, who have been extremely verbal in fighting to get back the three percent cut. We have worked very hard in order to try to accomplish that goal and we think that we are fairly close to that.

We do have a commitment, but it hasn't happened yet, so we are just waiting. But we believe that the three percent will come back. So that was our fight for you, because we are very aware of the problem, and it was a legislative initiative, as Legislator Foley just said.

I have personally taken tours of many of the hospitals in Suffolk County and spoken to the administrators. Not only have I been to the Elsie Owens Health Center, but I also hear from the administrators how important the health centers are to the communities and to the residents of Suffolk County. So I think we are very, very aware of the importance that the Elsie Owens Center has for the community and for the residents and for the health of Suffolk County.

I admire your dedicated and loyal staff, especially working under the circumstances that you have had to work in over the years. I think that not everything that you have been hearing – in fact, I would go so far as to say that I believe everything that you are hearing is not true. I think it is a rumor and it is not our intent to close the center and leave services interrupted.

Our intent is to find a facility extremely close to the center. When we did look at some of the proposals, and I believe there were seven or eight of them, we ruled out anything that was any length away from the present site. That was not even to be considered as far as those who were in attendance at that meeting. The only interruption that I can see you going through would be the move from that place to the brand new place that you will, I think, see. And I don't believe that the lease and funds and everything else, and the plans, were all prepared as you have been told that they were. They were not, and those were some of the reasons in asking for the lease to be broken because the landlord was not cooperating the way that he should have been and the way that he had stated and signed and committed to doing.

I think that you are speaking mostly to the choir here. We are very, very aware of what you go through, how hard you work, and how important the center is. Does anyone else have anything?

LEGISLATOR HALEY:

Madam Chair, I will go outside and get Counsel, because I would like to ask if he could at least paint a picture of the present actions that are taking place.

CHAIRPERSON FIELDS:

Stay here. I will have my Aide go.

LEGISLATOR HALEY:

We will let Counsel give you an idea of what the actions are at this moment, so at least you have a sense of what is going on. Madam Chair, have we found another location?

CHAIRPERSON FIELDS:

We have been –

LEGISLATOR HALEY:

We're looking?

CHAIRPERSON FIELDS:

Been negotiating. They had eight sites, I believe, seven or eight sites proposed and they are in the process of defining where the site should be.

LEGISLATOR HALEY:

So they are negotiating?

LEGISLATOR FOLEY:

Legislator Haley, the Space Management Committee has directed Real Estate to move forward with getting numbers from a variety of landlords and landowners within the Middle Country Road Coram corridor. They are getting down to some hard numbers and the different sites and the different numbers will be presented to the space management committee at its next meeting.

We had a special meeting last month to expedite the process so that the negotiations could move forward as quickly as possible, but at this point it is still an open question as to what site. There is no finality to that yet. Obviously at the proper time both the Health Center Advisory Board as well as the Health Department and others will be brought in in order to get their thoughts about the different sites as well.

I can tell you that they are negotiating from the standpoint of getting some facts and figures and one of the primary concerns was to go seek out quality landlords who have a track record of being quality landlords who are responsive to tenants, and that is one of the major factors here that is motivating the whole process.

LEGISLATOR HALEY:

Thank you, I appreciate that. I just want to know where it was because I am sure they'd like to know, but the other thing when Counsel gets a chance to come in, I am concerned about the actions that are taking place. One of the things that I have been concerned about all along is to make sure – one of the things that I don't think a lot of people realize is that when we have a landlord/tenant relationship we are in a sense equals. We are not a government that can say to him and all of sudden exercise some sort of level of control different than any other tenant might be.

So what my concerns are is when we go after the landlord, and I do agree, his feet should have been held to the fire because we don't think that he has acted perhaps as expeditiously as we would have hoped. But when we take

an action against the landlord, the landlord obviously has other options too, and what I am concerned about, and when Counsel comes in perhaps he could address that, if we are taking an action against a landlord, what are his options. I don't want to have a situation where the landlord says all of a sudden okay, I no longer have a lease and you have 30 days. Obviously we have municipal – our County Attorneys could probably stretch that for years in court and so on and so forth, but we don't want to be in a situation where you are displaced earlier than you really need to be prior to the possibility of another move or something like that. If, Madam Chair, you want to move on until Counsel can get a chance to come in, then we can just –

MS. EARL:

Can I ask a question?

LEGISLATOR HALEY:

Sure.

CHAIRPERSON FIELDS:

Go ahead. Use the microphone, though.

MS. EARL:

When you say there was a problem with the landlord, I thought – from what I gathered, I thought that the hold up was that he was waiting for his permits.

LEGISLATOR HALEY:

There is a number of things. This is an historical problem with him, and I think that that is what is driving some of it. Some of the unique things that I was present at some of the things were not necessarily his fault, but when we look in the aggregate I think that there is a consensus among Legislators that he hasn't been the type of landlord we would like to do business with.

MS. EARL:

Well, did you know that before you signed the recent lease?

LEGISLATOR HALEY:

Yes, I believe they did.

CHAIRPERSON FIELDS:

We didn't sign the lease.

LEGISLATOR HALEY:

The lease – we had a lease that we didn't sign the lease.

CHAIRPERSON FIELDS:

Exactly.

LEGISLATOR HALEY:

The Executive Branch of government entered into a lease that was supposed to take effect May first which included all of these renovations and additions.

The problem we had – the inherent problem with that lease was that it had a deadline or it had a requirement that if he did not exercise and provide the services and the renovations within four hundred some odd days, then we can thereafter charge him \$100 a day.

MS. EARL:

But he was waiting for the permits.

LEGISLATOR HALEY:

That is neither here nor there. I understand that. That is just one minor item of a lot of items. The problem with our lease is that it said that we could have gone four hundred some odd days without forcing him to do anything, which is a problem, I think, in our end. I think our lease should have been a little bit tighter where we had a timeline where we could have followed and asked him to reach certain goals at certain times to make sure that he accomplished that.

In spite of that one minor item with the permitting situation, and I understand that, he has the same problem all the rest of us do, he has to go back to the bureaucracies, whether it is the town or the County, to go through his permitting process, but everybody has to do that, and that sometimes could present a problem. But historically he hasn't come forth and we were really afraid that we were going to get at the end of four hundred and some odd days and find \$100 a day wouldn't have meant much to him. Every time we have gone to him in the past he has failed – I think a lot of times he has failed in the past to live up to that which we believe should have been the responsibilities of the – and I say we as a group. I don't necessarily agree with all of my colleagues on it.

My primary concern is that when you take an action with a landlord and the landlord is in essence an equal, it is his property and I think he has a little bit more – if you wind up on a month to month basis, he has a little bit more control than certainly the County does. Hopefully when Counsel gets in we can give you a little idea of exactly what is going on legally, because I think it is important to know. But you need to know the downside.

CHAIRPERSON FIELDS:

I believe we were on a month to month for like ten years with this landlord anyway, so it wouldn't be any different than we are now. The only other –

LEGISLATOR HALEY:

Excuse me, Madam Chair, it would be different.

CHAIRPERSON FIELDS:

You can respond after I finish. And secondly, one of the other things that I heard was that this landlord did try to sell this facility and had no takers. Those are things that I think a lot of us kept in mind when we were fighting not to even sign the lease that was signed in the past. Legislator Haley.

LEGISLATOR HALEY:

I understand that. On a month to month basis everything was going along. It was at a different environment. The problem you have now is you have antagonized the situation, I don't mean you personally, I mean we've antagonized a situation, and a landlord on a month to month basis still has the options to take actions, especially since he says you know what, I can't sell the building, I am losing my tenant, because you made it very obvious I am losing my tenant, why should I play ball now? So on a month to month basis you put us at risk.

CHAIRPERSON FIELDS:

Commissioner Bradley, would you like to respond to any of this? Did you have another question, Reverend?

REVEREND LEONARD:

I think one of the – I hear what you are saying and I believe intentions are good, but I think one of the important things is involvement of people – there are decisions being made and things that you know and are privy to. I think that if there was some sort of involvement or connection between those who are making decisions and those of us who are sitting at the table, then we would be working together.

Right now maybe in some ways we are a little bit in the dark and we don't know as much as you do and we are here today to voice our concerns. But I think the involvement or sharing of the information so that people could know that number one, you have the best interest of the people in the community at heart and feel that we are participating in having a hand in some of the decisions that are being made or at least sharing with you like we are doing today, what we are feeling, so that you are able to respond and that we can put our trust in you knowing that you have the best interest of the community at heart. I think that involvement and communication is ever so important. I think that is what today is about.

CHAIRPERSON FIELDS:

I agree. Thank you. Commissioner Bradley – oh.

LEGISLATOR FOLEY:

Just a follow-up on what the Reverend just said. It is a point very well taken, and I know that Legislators, particularly Towle and Caracappa, Legislator Haley and I know represents part of the community as well, I know Legislator Towle and Caracappa represent the heart of the Coram area. That is something that many of us would assume that they would take on that communication role.

What can also happen, if you wanted members of this committee to attend one of your Advisory Board meetings we could to that. Also, it is my understanding that it should be on a monthly basis just like the South Brookhaven Health Council meetings. I am sure at your Advisory Board meetings that you have representatives from the Health Department who are

there. Those representatives from the Health Department should be advising the Advisory Board about issues affecting the health center through the Health Department. If those communications aren't happening, and it appears that they are, then I would respectfully ask the Commissioner to insure that whoever attends those Advisory Board meetings from the Health Department fully apprise the Health Center Advisory Board about any new or late breaking news affecting the health center through the Health Department.

You are absolutely right, those avenues of communication perhaps need to be strengthened and improved. Those lines are there, it is just a simple matter of utilizing them.

If I just may say before the Commissioner speaks, this committee and this Legislature I think have been among the staunchest advocates for our health centers, and none of us in our wildest imaginations would ever do anything that we would even remotely think could somehow interrupt the services at any of the health centers.

CHAIRPERSON FIELDS:

Or compromise.

LEGISLATOR FOLEY:

Or compromise them. This is a rather unfortunately unique situation, and many of us last June had very, very reluctantly agreed to the terms of the new lease. In fact, we had strengthened the terms of the new lease compared to what it was originally brought over to us by the County Executive. Even then we had grilled the new management firm for the landlord about a whole host of issues and they made every promise under the sun and looking right into our eyes that they would follow through on everything that we had asked and they would do it within the prescribed period of time.

What had happened was that the permits were not submitted on a timely basis. As a matter of fact, just as we had discussions about this last month about the health centers, only then was there a site plan application before the Town of Brookhaven, even though we had approved this the prior June. So a lot of the permits were, in fact, were not put in place – were not made, were not applied for early on in the process but some of them were only applied for after we started asking questions as a committee. So it became very clear to us that the landlord wouldn't even be close to having the reconstruction substantially completed within 450 days. It wasn't even in the same universe.

That being the case, and because of, as Legislator Haley mentioned, the history of this landlord, we just said that is enough. We don't want to subject our Health Department, and frankly we don't want to subject the workers at that facility, both the health center and the social services center, as well as those who utilize the services, be subjected to that kind of landlord anymore.

One of the most egregious things that happened, and again, we weren't made aware of it until we had to ask a thousand questions in order to get some simple answers, was the fact that the center was without water for three or four days last spring. We were never told about that. So when you put all these things together and the fire that happened up on the roof in August and it took until October to get it fixed –

CHAIRPERSON FIELDS:

No heat.

LEGISLATOR FOLEY:

No heat. When you put all of these things together and the fact that all of the promises that were made last summer weren't even going to be close to being realized within the prescribed period of time, we believe that it was well within not only our authority, but our responsibility for the health and welfare of the public and of our workers and County workers and so forth, that we find a superior site, that we find a superior landlord who will do those things that people who utilize those services deserve, and that this landlord doesn't even come close to doing the things that he should be doing. We gave him the chance. We gave him the chance and he miserably failed.

CHAIRPERSON FIELDS:

Commissioner Bradley.

COMM. BRADLEY:

I want to thank everyone who came to advocate for the health centers. Thank you for taking time for the employees who took their time to come.

We have been -- the Health Department has been going to the Health Council meetings and this is addressed at every meeting, but because of the potential of litigation, there is only so much that we can say under the advice of County Attorney's. So it has been discussed, maybe not in excruciating detail, but we have been discussing it and keeping the health center apprised.

LEGISLATOR FOLEY:

If I may interrupt. If you are keeping them apprised, has it come up at their meetings that there are these rumors that the health center is going to close? Has that come up?

CHAIRPERSON FIELDS:

Is that a new rumor?

LEGISLATOR FOLEY:

Or that services are going to be interrupted.

MS. OWENS:

That rumor was not said to us at any of our Council meetings. The only time we did not have anyone from the Health Council was the last meeting. I believe Gene Durney was unable to attend. But we have not heard that from anyone who represents the health centers. What we are hearing –

LEGISLATOR FOLEY:

I understand that, Elsie, but what I am saying – I don't mean to interrupt. But if you are hearing those rumors, have you had the opportunity to ask the Health Department whether those rumors are true or not?

MS. OWENS:

That is why we are meeting. We are meeting with the Health Department Tuesday because we had not been talking directly to them about what is going on. Our rumors are out in the community. We live out there and the people who use that health center are concerned and they are asking us what is happening to the health center, will it be closed. They read about the cuts, then they read about what is happening, so we came here.

CHAIRPERSON FIELDS:

I think that they are just assuming and –

MS. OWENS:

It might be assumption, but the thing of it is, everybody is saying look, if you are going to break a lease with a landlord, I mean, if I had the building and you broke a lease I would say you are out, you can go tomorrow. And so that is what their fear is. This is what we are hearing in the community, will this happen to us. If that lease is broken and I understand that our lease will be up about the end of this month, would that landlord then put a padlock on here and no one can come in. That is the fear that we are hearing. Not from the Health Department, but from people who use the health center and who need that health care taken care of.

CHAIRPERSON FIELDS:

I had the occasion to attend one of your meetings and some of those questions were asked about what is going on, and I was very willing to give whatever information that I knew at the time and how concerned we were with the landlord. Commissioner Bradley is absolutely correct in that some of this information was precarious. It was difficult to talk to anyone about, and there are still some things I think that probably can't come out because it may jeopardize the litigation. I think Commissioner Bradley was still speaking.

COMM. BRADLEY:

If you have particular questions. This is a long period of time and many issues. If you have a particular question I will try to answer it.

CHAIRPERSON FIELDS:

I think maybe the answer to can these people have padlocks on the door, what would happen with the Health Department. Can we assure them that that's not going to happen to them?

COMM. BRADLEY:

I can't predict what the landlord would do.

CHAIRPERSON FIELDS:

No, I am talking about what would happen.

COMM. BRADLEY:

If for some reason the landlord said to us we had to get out do we have an immediate place that we could go to? No. What we would tell people is number one, try to use an adjoining health center. I mean, the employees that work in that health center are Stony Brook employees so it would be a difficult situation in terms of the contract that we have with Stony Brook. We would have to deal with that. Patients on a short-term would be advised to go to an adjoining health center. If for some reason we were told we had to get out of that health center or if they could not get into an adjoining health center, Stony Brook Emergency Room if you can't access health care and you need to see somebody that is something we like – we don't like to do it, but if they have no other option, that is something that would be used.

LEGISLATOR HALEY:

Madam Chair. That is worse case. She is trying to answer your question. I am going to ask Counsel to paint a picture of what our status is legally. I am sure he is familiar with landlord/tenant types of things and give you maybe the ups and downs and possibilities of something like that happening. So, Counsel, if you could give us an idea of what legislation we did pass and where we are along that path. And also, I would appreciate it, and I think they are very much concerned is worse case scenario downside risks of our present actions.

MR. SABATINO:

Without getting into the actual litigation strategies and some of those details, basically what has happened thus far is there was legislation passed earlier in the year to authorize the County Attorney to exercise the rights that the County has under the current lease agreement.

The essence of where we stand right now is that the County's position is that the landlord by the delays that have occurred in terms of getting ready for an action implementing the renovations constitutes what is known as an anticipatory breach of the lease. So the County has articulated a position to the landlord that you are unable to comply with the lease as constructed based on your prior action.

As recently as two days ago the landlord sent back the detailed response blaming all of the delays on the County of Suffolk and the landlord is now saying that they are invoking something called anticipatory repudiation. They are saying that because the County did a whole series of things they allege that delayed their ability to get the approvals, that in fact it is the County of Suffolk that is in breach of the lease.

So you have got the two opposing or conflicting views of what the status of

this lease is, and that is the issue that ultimately will be litigated in a court of law. That issue is not going to be decided tomorrow, it is going to be decided when this matter gets in front of the courts and whatever period of time the courts take to deliberate will determine that.

In the meantime, it is my understanding that the Space Management Committee has been undertaking a review of alternative sites to see if there is something in the immediate vicinity that would represent an alternative that the County could utilize. My understanding was that they came up with an initial list of 12 or 13 and that was winnowed down to I think six or seven, and then I think after the six or seven it was narrowed down further to the two or three most viable alternatives. I believe that they are exploring those alternatives right now with possible landlords.

As far as the – and the key to that issue is in terms of timing it would appear that based on some of the preliminary information that was provided that the timing of going to an alternative site would not be that much worse off than the completion of these renovations under the current schedule that the landlord seems to be working with.

LEGISLATOR HALEY:

Would you repeat that statement again?

MR. SABATINO:

I said some of the preliminary information appeared to be that even if we went to an alternative site, that based on the current schedule with this landlord with these renovations he is working on that the completion of the alternative site would not be that much different than the completion of these renovations.

With regard to the issue of what is the upside and the downside. The downside is presumably the potential for a delay. With the issue of the litigation it could drag the process out a little bit further than the current delays that are contemplated by the work schedule.

As far as padlocking the doors, I would think that if the landlord tried to invoke those provisions, I mean, the first thing is he cuts himself off from any -- certainly you weigh one against the other, and I think the secondary issue there would be if at that point you are in a court of law, the judge is going to be looking at a situation where you have got a health center with a critical service. I doubt very much that the result of that aspect of litigation would be a padlocking of the health center. I think that something would be worked out with the courts assistance to build a bridge from the one facility to the next. But there are no guarantees when you are in court, so I guess the short answer to Legislator Haley's question is the downside is there is uncertainty and there is the potential for delay. That has to be balanced against the uncertainty and the delay which is currently associated with the proposed renovations.

LEGISLATOR HALEY:

The only thing I am concerned with is -- what scares me is that we have had a lot of troubles with this landlord over the years, and now the one time when we should have been able to hold his feet to the fire with substantial language in the lease, it is lacking. And so what I am afraid of, Counsel, is that when you wind up in court, you know, that is what we signed. It is a very significant document. I am concerned of where the judgement might fall in this particular narrow view that the court will take as opposed to what we have all been looking at over the past ten plus years.

COMM. BRADLEY:

Can I just make a comment that in terms of involving the health center and the Health Council in alternative sites or even when we decided to try to stay in the building, that was discussed with Elsie, with the Health Council. When we talk about those things we do them in concert with the Health Council. Right now we don't have a definite alternative so it is not to that point. But once -- if we go down that road there will be reaching out to Health Council for their review and approval. We are talking about preliminary reviews now.

LEGISLATOR HALEY:

Madam Chair. I don't think there is any doubt in anyone's mind, okay -- while I don't agree necessarily with all of our actions because I am concerned about the same things they are concerned about, the risk, I do believe, though, at the end of the day that every single person that sits behind this dais, including the Health Department and Social Services, will rise to the occasion to make sure that whatever change takes place would have a minimal impact on the services that you provide for the community. I don't have any doubts about that.

MS. OWENS:

I would like to thank you all. We are here because we are concerned. I am here because I am concerned and I certainly would not like for my name to be up there and the health center is not doing what it needs to do. We just want to thank you and I want to thank all of the people who came out, especially the staff. And we are worried, also, about what is going to happen if anything does happen to those 70 or 60 people that are from the University. They are out of a job, and not only that, some of the State people also. So I want to thank you for listening to us and please keep us in mind when you make a decision that it does not disrupt the service for the Elsie Owens Health Center. Thank you.

CHAIRPERSON FIELDS:

Thank you all for coming.

MS. OWENS:

I have these, almost 500 signatures, I would like to give to you.

LEGISLATOR FOLEY:

Just as a follow-up question, Madam Chair. Ms. Owens, you said that there is a meeting next Tuesday. Is that correct?

MS. OWENS:

Yes, there is.

LEGISLATOR FOLEY:

Who will be present at that meeting?

MS. OWENS:

We are meeting with the Commissioner and whomever else. The Board would like to just sit down and talk with them. We have been talking to them, but we haven't met in an arena, so we are planning that.

LEGISLATOR FOLEY:

Thank you.

CHAIRPERSON FIELDS:

Thank you very much. Richard Couch.

MR. COUCH:

Legislator Fields, members of the Health Committee. Thank you for the opportunity to speak with you this morning.

My name is Richard Couch. I am the Regional Advocacy Director for the American Cancer Society's Long Island Region. I'm here today on behalf of over 200 volunteer advocates to testify in support of three agenda items that have to do with the fight against cancer. The health center initiative budget discussion, Introductory Resolution 1353, and Introductory Resolution 1385 all play a part in fighting cancer.

The County Executive has proposed \$1.3 million in cuts to Suffolk County's nine health centers. Health center advocates estimate that 80,000 Suffolk County residents use the County Health Centers each year. Our figures tell us that 83,200 New Yorkers will be diagnosed with cancer this year. If you divide that number by 62 counties in New York, that leaves 1,342 cancer diagnosis in Suffolk County. Many would argue that Suffolk County has more than its fair share of cancer, so that number could conceivably be higher. Because cancer does not discriminate based on economic status, many of those diagnosed with cancer will be patients at a Suffolk County Health Center. With \$1.3 million in cuts who will staff the health centers?

It is the 2015 goal of the American Cancer Society to reduce the rate of cancer incidence by 25% and reduce the cancer mortality rate by 50% while measurably improving the quality of life for cancer patients. One of the known methods for reaching our goals is early detection. Early detection is accomplished by increasing access to health care facilities. Clearly individual's who have access to regular medical treatment are more likely to receive adequate cancer screenings that may save their life. Access to medical care is admittedly expensive. However, if the life that can be saved with access to the treatment is offered at a Suffolk County Health Center, that is priceless.

It goes without saying that the Suffolk County Health Centers are much more

than cancer screening centers. Because of the health centers and the access to care, illness is treated early when it is less expensive to treat.

Economically do you treat someone with a minor bronchial illness early in a Health Center or let the illness progress until it is worthy of an emergency room visit, hospitalization, and you are treating pneumonia. If the patient is a Medicaid or Medicare recipient society will pay a higher price at the hospital. The patient pays a higher price personally because of illness and pain and suffering. There is an old saying that "an ounce of prevention is worth a pound of cure." That saying was crafted for this situation.

In continuation on the theme of access to medical care and prevention, I would like to speak in support of Introduction Resolution 1385, appropriating funds for the replacement of a mammography van. We must do what is within our power to maintain the level of breast care services that are currently available in Suffolk County. Many advocates would argue that there are not enough mammography vans operating in the County now. Given the current financial situation, asking for additional vans might not be prudent. However, urging lawmakers to maintain the level of services that is being provided is mandatory. The current mobile services have proven to be effective in providing service to the County's nine health centers as well as other remote locations especially in the East End of Suffolk County. We must stay the course.

Concerning Introductory Resolution 1353, authorizing the Estee Lauder breast cancer awareness at County buildings. It is estimated that 14,000 New York women will be diagnosed with breast cancer this year. Sadly, 3,000 New York women will lose their battle with breast cancer. That is 229 diagnoses and 49 deaths in Suffolk County this year.

Given those startling numbers, we must all band together and do what we can to provide awareness to breast cancer and breast health issues. The Estee Lauder program is well known and reputable. Advocacy groups cannot afford to have turf wars over breast cancer awareness events while 192,200 American women are being diagnosed with breast cancer. If implementing the Estee Lauder program at County buildings in Suffolk County causes one woman to go for a mammogram and it leads to an early detection the program served its purpose. We know very well that more than one woman will recognize that program. I encourage you to support this resolution.

The Health Committee has put together an impressive and aggressive agenda for your work today. I thank you for the attention to these important health related issues and for the opportunity to testify before you.

CHAIRPERSON FIELDS:

On 1353, the Estee Lauder breast cancer awareness program, how are 300,000 women aware of what that illumination project is doing? How are they made aware?

MR. COUCH:

I think because of work of the American Cancer Society and other breast

cancer advocacy groups over the years we have come to associate a color with breast cancer, and that color is pink. I think when people see a pink ribbon worn on a lapel they are aware of that. I think if they see the County office buildings illuminated in the color pink that will help. It is not foolproof. I wouldn't recommend --

CHAIRPERSON FIELDS:

So if somebody drives by and sees a pink light and they don't know what it means, do you think that is going to make them get a mammography or?

MR. COUCH:

And maybe they would drive by the Dennison Building and see that it was pink and they would say to somebody why is the Dennison Building pink this month, somebody would say --

CHAIRPERSON FIELDS:

And the person they say it to doesn't know. My question, this came up last year and I spoke to Legislator Alden. I questioned and I question it again, there is no fiscal impact statement here attached to this bill of what it will cost the County. But my question was how are you going to let anyone know what it is that you are doing, and again, my track record has always been that if you are going to do something, you are going to have a result. You don't just do it without a result.

I have been an advocate for breast cancer and I feel very, very strongly about it and I am by no means saying this is not a good bill. I think that this lacks something. If you are going to illuminate the buildings, and this is what I asked Legislator Alden to do last year, then possibly in concert advise all of the other 17 Legislators to maybe put a pink spotlight in the window, on their name, or put a pink light in their office with a lamp, put up a sign that says on such and such a date we are going to be illuminating in pink lights. The County feels strongly this is breast cancer awareness. And in addition to that, have some kind of material in each Legislator's office and in every County office have you had a mammography. Ask every woman and even beyond that, ask every man has he had his prostate checked. I just feel that this is not enough, and I believe that it can be more and I strongly would ask that Legislator Alden do put more of a bite into this and with the American Cancer Society. I am sure you would agree with me that we need more.

MR. COUCH:

Exactly. This program alone if it weren't for other advocacy groups such as the American Society, One in Nine here on Long Island -- there are a number of very worthwhile groups here on Long Island. If they weren't there and they weren't doing what they do and what they do so well, I would say this program is too weak. But I think as long as it is one part of a multi-piece puzzle it can be helpful. Is it perfect? No, it is not perfect.

CHAIRPERSON FIELDS:

But I think it can be made to be much, much stronger.

MR. COUCH:

Can it be helpful? I think it can be. I would certainly be willing to work with any of Suffolk County's Legislators that would like breast cancer and mammography pamphlets for their offices for that month, for the other 11 months of the year. That's something that we would be very happy to work with you on. I offer that to all of you.

CHAIRPERSON FIELDS:

Legislator Postal.

LEGISLATOR POSTAL:

Good morning. I don't know whether this was sent to everyone, but yesterday I received – it is related and not related – a memorandum from Maureen Macellaro, who is the patient navigator. Evidently this – I don't know whether it went out to everyone or it just came to me, but I felt that every Legislator should see this because I felt that as you know, this is a contract with the American Cancer Society. I think it is really important that we look at what programs actually do.

What this memorandum does, and I am going to ask Legislator Fields' staff person to make copies for every member of the Health Committee, because this gives you information on the number of individuals who were served, the kinds of service that were provided to these individuals by the patient navigator program, some anecdotal material that gives you some sample cases that were addressed and a breakdown of how monies were used from some fundraising activities which were conducted by, for example, Babylon Breast Cancer Coalition, {Forever Green}.

I think the reason I was so impressed was the amount of work that is being done, the amount of service that is being provided for people, primarily women who are in need, who have been victims of breast cancer. Not only the numbers, but how important these services are.

What came across to me is that without this program nobody would be providing these services because they are really not always health services. For example, they might be transportation by non-Medicaid eligible individuals for chemotherapy. They might be helping an individual to secure a prosthesis. I was extremely impressed by this. I would like to provide it to all of the members of the committee.

I don't know if we have a representative of the County Executive – I think we do. Let me say that the County Executive was in full support of this program. As a matter of fact, he joined me at the Health Department a number of years ago when the program was initiated. Through some oversight, every year since the funding for this contract has not been included in the proposed operating budget. I have been aware of it, I kind of look out for it, and I have been able to successfully get an amendment approved to provide the funding. I am saying this to you now because I truly do believe it is an oversight. This program clearly is serving a very large number of Suffolk County residents and I think that this is extremely

important. If you haven't gotten a copy of this, if the County Executive doesn't have one, I think you should have one. Thank you.

CHAIRPERSON FIELDS:

Thank you. Kathleen Ayers-Lanzillotta.

MS. AYERS-LANZILLOTTA:

Thank you for the opportunity for speaking to you today. I am Kathleen Ayers-Lanzillotta, the President of the Suffolk County Quality Consortium representing 24 of the voluntarily not-for-profit drug and alcohol treatment and prevention providers here in Suffolk County. I am here to echo some of the concerns that have already been raised today about the budget cuts.

Our agencies are concerned about the impact of the proposed three percent cut and what that will have on the community and especially the clients who are served in our system. Basically we can't afford this cut as it will ultimately cost us more money. That is the bottom line. It will cost us more money. This three percent cut will cost us more money. I want to try to tell you how and why today.

Although three percent seems like a small amount of money, we cannot afford this cut because over the past eight years our 24 quality consortium agencies have not received adequate funding to keep up with our costs, which has already resulted in our reduction of services across the County. To further cut our contracts will impede our ability to meeting the service commitments we have made and will clearly be detrimental to the numbers of clients and the families of all the clients that we serve.

If I can talk about the impact that this has specifically. I am the administrator of Catholic Charities chemical dependency treatment services. We have the only 35 bed crisis center and a few out patient services. In the out patient program this three percent cut would mean \$10,000. That \$10,000 to me as the administrator means I have got to cut either a person out of the budget or I have got to make a full-time position into two part-time positions. What ultimately happens is with that move, fewer people get seen. Fewer clients get seen, or the quality of the service that I am providing goes down. I may not hire a higher paid social worker. I reduce the pay and I bring in an entry level person. The ability for us to reach out and continue to help diminishes. The recidivism rate goes up, the numbers of people that don't get through the door goes up. So three percent seems like a little bit, but it goes a long way in terms of the numbers of lives that it impacts on, both in our treatment system and also in the prevention system.

Our system interfaces strongly with all of the other health and human services. I am sure many of you have our brochures. I could roll out the statistics in terms of – that there are more deaths and illnesses and disabilities which result in substance abuse from any other preventable health condition. For every one dollar of treatment we save \$7 in the criminal justice system. Every day we are getting referrals from the Probation Department, the Parole Department, criminal justice system, drug court,

family drug court, increasing numbers of people coming to us from Child Protective Services, foster care. We are interfacing across the board – perinatal care. If our service system goes down in any way, that impacts in a much greater way in terms of the cost to our society.

If we don't bring these people in, most of our services come in from the criminal justice system. Are we ready to pay for the incarceration? Are we ready to pay for more jails? How are we going to take up that slack? We are really concerned. There is not adequate funds for our services.

At this time we are working with waiting lists and we cannot reduce our staffing. There is already people out there that are waiting. You know, if you know any addict, they don't wait too long to come in for a service. Denial is the hallmark symptom of their illness, and needing to get somebody there that can get to them right at the frontline makes the difference. I tell you, running the crisis center, we are going to see more people shift over to BMH with less money that is going to end up costing our County more and more because we don't have the services right there at the frontline.

It may be a small amount of money in terms of the broader scheme of things, but I really want to call to your attention the greater impact that this will have on our community for the 24 voluntary not-for-profit providers in the quality consortium and the services that we provide. Treatment is a lot more cost effective than incarceration. Please recognize how crippling this three percent cut could be to our agencies and as it has been said before, an ounce of prevention really does make a pound of cure, and treatment does work.

CHAIRPERSON FIELDS:

Thank you. Legislator Postal.

LEGISLATOR POSTAL:

Actually, we know that it does. There are a number of Legislators including the members of this committee were very, very concerned about the impact on reduction of services to people in Suffolk County. The issue came up and it came up specifically during a discussion that was held at a three part meeting last week, and a commitment was made by the County Executive on the record that the proposed cuts would be restored and that communication was going to go out to all of the contract agencies which previously had received letters of notification, indications that they had to sign agreements accepting the reduction, that those proposed cuts were going to be rescinded. So, that was placed on the record at the meeting. I think it was on Thursday, but I am not exactly sure, Friday? I know it was one of those days.

I would anticipate that all of the agencies in the consortium which received the initial letters should now be receiving notification that that has been rescinded as well as the health centers which are operated under contracts. So, you should be receiving that, and if you don't, I would suggest that you contact us and let us know right away.

MS. AYERS-LANZILLOTTA:

If I could just ask for a point of clarification on that. It was my understanding that we would receive a letter that the cut would not be on the total, that there would be a change in the cut. It went beyond that.

LEGISLATOR POSTAL:

That was sort of the first frontier.

MS. AYERS-LANZILLOTTA:

That is wonderful, thank you. This is great.

LEGISLATOR POSTAL:

This is where we stand to date, and the County Executive's representative is here and I know that this commitment was made by Janet DeMarzo last week. One of the things that really is important is to notify all of the contract agencies by letter that these proposed cuts have in fact been rescinded so that they can make plans because if they are planning to lay off people or curtail programs they have got to know that there has been a change.

MS. AYERS-LANZILLOTTA:

I really appreciate that and I thank you for your efforts in making that happen. It doesn't mean we still don't need more, we still have a reduction, we need to build our service system, but thank you.

CHAIRPERSON FIELDS:

Okay. We are going to, unless anyone else has anything they would like to add, we are going to move to the agenda.

TABLED RESOLUTIONS

I.R. 1135 Amending the 2001 Operating Budget and appropriating funds to implement Osteoporosis Testing Program in Suffolk County. (Postal). BUDGET COMMITTEE PRIME.

I am going to make a motion to table.

LEGISLATOR POSTAL:

Second.

CHAIRPERSON FIELDS:

All in favor? Opposed? I.R. 1135 is tabled. **(Vote: 4/0/0/0)**

INTRODUCTORY RESOLUTIONS

I.R. 1353 Authorizing Estee Lauder Breast Cancer Awareness Program at County buildings. (Alden)

CHAIRPERSON FIELDS:

I am going to make a motion to table because we do not have a fiscal impact statement associated with this. Seconded by Legislator Postal. All in favor? Opposed? Tabled. **(Vote: 4/0/0/0)**

I.R. 1364(P) Authorizing use of Dennison Building parking lot by Cooley's Anemia Foundation for fundraiser. (Crecca)

LEGISLATOR HALEY:

Motion.

CHAIRPERSON FIELDS:

Motion by Legislator Haley.

LEGISLATOR FOLEY:

Second.

CHAIRPERSON FIELDS:

Second by Legislator Foley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

I.R. 1379(P) Accepting and appropriating additional 100% Federal Grant Funds from the New York State Department of Health to the Department of Health Services, Division of Patient Care Services to pay for site alterations needed to implement the mandated new computer network for all WIC sites. (County Executive)

LEGISLATOR POSTAL:

I would like to make a motion to approve this and place it on the consent calendar.

LEGISLATOR FOLEY:

Second.

CHAIRPERSON FIELDS:

All in favor? Approved. It is approved and placed on the consent calendar. **(Vote: 4/0/0/0)**

I.R. 1385(P) Appropriating funds in connection with the replacement of mammography van (CP 4076). (County Executive)

LEGISLATOR FOLEY:

Motion.

CHAIRPERSON FIELDS:

Motion by Legislator Foley, second by the Chair. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**

I.R. 1410(P) Establishing County website page for food service establishment violations. (Bishop)**COMM. BRADLEY:**

I have asked Mr. Dinda to come to provide some information regarding our restaurant inspections. We have some comments on this resolution and I think we just want people to know what it would mean before we go forward.

If we went forward with this with the way it is worded, when we do inspections approximately 80% of the inspections that we do result in follow-up. So if you go by the letter of this, 80% of the restaurants in Suffolk County that we inspect would be up there as needing extra follow-up. Possibly there may be a different way to go. Maybe you would rather wait to deal with those that don't remediate quickly. I mean, I think that is something that needs to be brought to your attention. Another point is that we need staff to do this. We get things to do, but this one in terms of what it would entail with all of the sanitarians that go out and do inspections and all of the restaurants that require follow-up, we need staff to try to implement.

We are in the process of doing a laptop program with the sanitarians. If this waited until that became implemented, it would probably make it easier because the sanitarians would be inputting the information into the laptop at that time and it might be easier to implement. Right now it would have to be done when they came back to the office. Then we would have to go and type it into the computer.

CHAIRPERSON FIELDS:

Have you spoken to the sponsor?

COMM. BRADLEY:

Not yet. This was a late starter.

CHAIRPERSON FIELDS:

Okay. Legislator Haley.

LEGISLATOR HALEY:

I am just wondering where Legislator Bishop got poisoned, food poisoning. I have the same concerns. Ernie, I think you can tell us no matter where you go, any restaurant, any inspector, because they have the flexibility, and it is not that subjective, right? I mean, they look at how a kitchen might be operated and they may or may not violate people based on the circumstances and it gives them the opportunity to bring their kitchens or their restaurants into compliance, which may have fallen out of compliance unbeknownst to those owners. So I don't think it is that easy simply to say that now, all right, we are not being – if the County government is going to come in and say now we are going to adversely affect your business simply because you had a violation – Madam Chair, it is has got to be me. Every time I pick up this microphone -- thank you.

I think we have a profound problem in that we are going to wind up with every restaurant down here in short order if they find out that every time they have a very simple violation, perhaps Ernie could even expand on some of the simple violations they may have, which may, if put in a website, may have a profound affect on their business where they normally have a very good record of maintaining a healthy environment in their restaurant.

COMM. BRADLEY:

The other point before I hand the microphone off is this is something like an HIV test. On the day that we went in, this is what we found. I can't guarantee that when an individual accesses that website and finds a restaurant and doesn't see any problems, I can't guarantee that things haven't changed from the last time we were in there.

LEGISLATOR HALEY:

I'm sorry. What did you mean by that? In other words, we don't want to give a stamp of approval. If your name isn't on the website, that doesn't mean – that restaurant could still have a problem. I understand.

MR. DINDA:

And as Dr. Bradley pointed out, the fact that we go in and form an inspection today, ten minutes later that whole circumstance can change. So there is no real guarantee. Posting them on a website doesn't mean it is a carte blanche guarantee that everything is fine.

The one thing that is very important that has to be understood is the type of violations that could cause an illness. Those are the type of violations that are corrected immediately. A sanitarian performing an inspection will not leave the establishment unless that violation is corrected. If it cannot be corrected, it is mandatory the establishment be closed. So the safety of the public is well taken care of.

We do have a very, very, very aggressive enforcement program and because of that, 80% of all establishments fail. That does not mean that they are in a condition, as indicated, that would cause an illness. However, if let's say this information were published just the way we have it, someone, the average person reading this information and not having a full knowledge of what these violations really mean or the implication of it, they would unnecessarily put a bad name on that particular establishment. It would also cause a tremendous amount of work, questions and complaints from the public saying you have all these violations, how can we have these establishments in existence. With the amount of staff that we have and the turnaround and the reinspection process, they wouldn't understand that a violation may be in existence for a period of two weeks or three weeks because they don't understand that the violation that we do go back on a reinspection is not what we call a red or a critical violation.

And also, once – if we do have the correction of a critical violation, we go back on that reinspection. If that violation reappears, at some point they are going to a formal hearing, administrative hearing process. After the hearing

a decision is rendered and most of the time fines are levied. If, let's say, we go and publish all of those establishments that had legal action against them, it is almost like double jeopardy because the violations that they are being fined for have already been corrected. They have been corrected let's say for weeks and possibly a month.

So there is a lot of things that we really have to be concerned about, and as Dr. Bradley indicated, when we go in and put our laptop program in full force, the violations are going to be written so that you and I, everybody can understand them. It may be a time to revisit. At this point it would be almost impossible for us to comply, and as you indicated, it does put a lot of these restaurants – it could put a bad name to these restaurants who don't necessarily deserve it because of our enforcement policies.

CHAIRPERSON FIELDS:

Counsel.

MR. SABATINO:

I am just going to make an observation is that the point you raised was something that I was concerned about when drafting the legislation with Legislator Bishop. Tried to address it with that disclaimer clause, so maybe when you talk to Legislator Bishop -- it may not be the right language but I tried to put something in there to make it clear that these were not final adjudication's. Only because my normal reaction would be to only post things that have really been concluded and fully adjudicated, but Legislator Bishop's point to me was that he wanted people to be aware of allegations. That was kind of like compromised language to split the difference. It may not be perfect, but I was trying to get the notion out there so that you wouldn't be on the hook for the assertion of the violation. That is where that language came from. It was really trying to address what you just outlined.

MR. DINDA:

There is a provision in the Sanitary Code right now that allows the public to request a copy of the last inspection, and the provision says that I as a restaurant operator must give you a copy of that inspection. So anybody who really wants to know what the last inspection was like –

CHAIRPERSON FIELDS:

Perhaps that should be on the website.

MR. DINDA:

That is not a bad idea at all. We can do that no problem. We can do that with our current website that we have. More than happy to do that.

CHAIRPERSON FIELDS:

Legislator Postal.

LEGISLATOR POSTAL:

I know you do that, and I think that could even be problematic. Can you give us some examples – I mean, I used to have Department of Health inspections

all the time because I ran a daycare center and children's camp, so I know the kinds of things the Department of Health comes in and checks.

You spoke about the difference between violations that could result in illness and violations which would normally not result in illness. Can you give us an example of some – a violation which is a violation, but really doesn't impact on the health of a customer, a consumer?

MR. DINDA:

For example, not posting your permit in a conspicuous place, even to the point of maybe the floors aren't the cleanest in the world. We know that if food is cooked properly and reheated properly, if some dirt or something gets into it, you are going to kill the bacteria. Administrative type violations are the ones that really are of no concern. Even on the State level we are required to break all violations into critical and non-critical. They are called red and blue. The blue violations are more or less structural violations, where the red violations deal with the food preparation, food handling, food processing, and service.

LEGISLATOR POSTAL:

You know, it has been a long time since I did this, but there was certain paperwork, like applications that had to be submitted so that an establishment which didn't turn in its paperwork at any given point would actually be in violation.

MR. DINDA:

Yes.

LEGISLATOR POSTAL:

I think that there is a real need to kind of go back and rethink what we are talking about.

MR. DINDA:

I think that is important to realize. If someone doesn't have a permit posted and even if they failed to correct that on the following visit, they don't necessarily get a fine. There are certain type of violations that we say all right, we are going to file this away and it will reflect in the file that this has been filed with a violation because it doesn't warrant for us to go back. But if we go back the following year during our normal cycle and that violation still exists and should there be a reason to go for a formal hearing because there are critical violations, we are going to include that administrative violation. But we would not cause an action because of one of those administrative –

LEGISLATOR POSTAL:

But, for example, as important as it is to post a permit, if an inspection took place, the permit was not posted, the operator had a violation, the next year the inspector comes back, the permit is not up. I mean, it is a current permit but it is not up. That is a repeat violator. Yes, it is wrong, it is a repeat violation and yet posting that on a website as that establishment as being a repeat violator could absolutely destroy that person's business when it is, you know, yes, it was wrong but it shouldn't wipe out somebody's business

because it is not an illness producing violation in essence.

COMM. BRADLEY:

A lot of people will just look at the names, who is on that list, and won't go any further.

LEGISLATOR POSTAL:

Exactly.

CHAIRPERSON FIELDS:

I am going to make a motion to table. Second by Legislator Postal. Yes?

LEGISLATOR HALEY:

Yes, on the motion to table. Counsel said something that he thought that Legislator Bishop's intent was to try to find a way to put allegations on the website. Is that what you said?

MR. SABATINO:

The point I was making was that normally you would just look at it from the standpoint of putting in finally adjudicated cases. But his point to me was that if something is pending, the public should be aware. By allegations what I meant was something that is pending. So if there is a pending violation, there will be language in there which makes it clear that it is a matter that is pending so it wouldn't make it look as though the County had posted something as being conclusive when in fact it was not.

LEGISLATOR HALEY:

The major problem with that I think is just one of keeping that website current. Their violations or allegations of violations could be cleared within minutes, could be cleared within days, weeks, you don't know, and it is really hard to try to stay on top of that. Plus, I can imagine the people that you are going to need just to make sure that that maintains current, because if it is not current, I can imagine the liability perspective of it. Thank you, Madam Chair.

CHAIRPERSON FIELDS:

All in favor? Opposed? Tabled. **(Vote: 4/0/0/0).** Motion to adjourn.

(The meeting was adjourned at 11:40 a.m.)